



Report of: Director of Commissioning, Islington CCG

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 September 2015	Item C2	All
Delete as appropriate		Non-exempt	

SUBJECT: Better Care Fund - Update

1. Synopsis

The Better Care Fund was announced in the June 2013 spending review and is aimed at supporting integrated working across health and social care. Islington Council and Islington CCG have worked jointly to develop a bid with an emphasis on three key areas:

- To support the work of the integrated care programme;
- To support the continued investment in social care services that benefit health (for example reablement);
- To support the changes in social care as a result of the Care Act 2014, for example, a new statutory duty to assess the needs of carers.

This report provides an update on the implementation and impact of the Better Care Fund.

2. Recommendations

That the joint work being carried out to develop integrated care for local people be noted.

3. Background

Better Care Fund priorities in Islington are:

- The development of a Locality Offer across community, social care and mental health services to support primary care capacity;
- Enhancing primary care capacity;
- IT and inter-operability to ensure patient information can be shared across integrated services and along care pathways;

- To meet demographic pressures in social care, and across health and care services for older people and people with learning disabilities;
- To maintain social care eligibility;
- To incentivise providers to support integrated care.

Implementation and progress to date on new service developments included in the Islington Better Care Fund includes:

- **Locality Development.** In 2015/16 two test and learn sites were established to trial how extended health and care teams could work with networks of practices, to provide an integrated response to those patients most at risk of admission and other people who would benefit from a more joined up response. The trial covered eight practices and 25% of the Islington population. In July 2015 the Islington Integrated Care Programme Board agreed a model for integrated care teams to roll-out for universal coverage;
- **Improving access to primary care.** A Locally Commissioned Service (LCS) offering extended access to general practices is in place. In addition from September 2015 the i:Hub service will commence providing extended evening and weekend access from three practices that will be available to all residents on Islington GP lists. The service hubs will be Islington Central Medical Practice in Central Islington, Andover Medical Centre in North Islington and Ritchie Street Medical Practice in South Islington. EMIS Community will facilitate the transfer of notes across practices;
- **Develop primary care to support localities.** In October 2015 a primary care rapid response service will commence offering emergency calls a home visit by a GP within two hours of a call being made to the practice. Practices in Islington can provide this service individually or collectively to support full population coverage. The service is over and above the home visits included in GP core contracts and will work alongside the existing rapid response service provided by community matrons;
- **Locality development.** The procurement process for the integrated digital care record and person held record, to support interoperability and the sharing of health and care records, has identified a preferred provider with selection of the provider and the full business case going to the CCG's Governing Body for approval on 9 September 2015 prior to Health and wellbeing Board sign-off. The project has secured £2.6m funding support from NHS England as better quality information and sharing information is critical to modernising the NHS and care services. The project will commence once full approval to go ahead has been received;
- **Incentivising acutes to deliver change.** An incentive scheme is included in the Whittington Health contract for 2015/16 to facilitate the delivery of service changes to support systems resilience (alignment of health and care services to help delivery of the A&E four-hour waiting time standard), support the introduction of value based commissioning and payment by outcomes starting with a pilot for diabetes, and Pathway redesign to support repatriation of acute work to more cost-effective pathways;
- **Protection of adult social services.** The Better Care Fund has supported delivery of the Moving Forward Programme in Adult Social Care;
- **Support mitigating pressures in health care for people with Learning disabilities and older people.** This investment has supported demographic pressures and substantial growth in NHS funded Continuing Healthcare for people with Learning Disabilities and, to a lesser extent, Older People;
- **Support Implementation of Care Act.** The Care Act 2014 brings together adult social care legislation in one place. Key developments from the Care Act include a duty to promote wellbeing, a 'cap' on charges for social care provision, a minimum national threshold for care and additional responsibilities for London Borough of Islington. This investment will support implementation of these responsibilities, and is a nationally mandated sum;

- **Develop Preventative Services.** Plans drawn up with Public Health, the Local Authority and the CCG will focus on the wider preventative strategies across the core partners to focus on existing and innovative preventative services which delay and reduce demand on more intensive health and social care interventions. These funds have been used to support community enablement, first 21 months (best start in life) projects, health living pharmacies, and the roll-out of personal health budgets for people with long-term conditions.

The Better Care Fund also incorporates existing pooled budget and grant allocations that work across health and care services. These are summarised below:

- **Social Care investment to benefit health.** This existing funding partially supports the core adult social care offer of assessment and care management. It provides services commissioned by the London Borough of Islington, including domiciliary and residential care.
- **Reablement.** Reablement is commissioned via a joint Section 75 pooled budget between Islington CCG and London Borough of Islington. Reablement is provided by the Council and supports timely discharge from hospital and prevents admission by supporting people to become more independent in their own homes.
- **Disabled Facilities Grant.** This is an existing national scheme providing home adaptations to support independent living.
- **Community Capacity Capital Grant.** This is an existing national Department of Health grant to local authorities to support developments in personalisation, reform and efficiency.
- **Carers Funding.** Including some legacy funding for Carers, this investment recognises the key role carers play across health and social care in Islington. This investment will support carers through providing additional interventions such as breaks and information services.

4. Performance Update

NHS England monitors performance to plan quarterly. In addition to financial performance, NHS England monitors progress against the two metrics below.

Non-elective Admissions

Islington CCG's operating plan includes a 2.3% increase in non-elective admissions, following guidance from NHS England. The increase is the cumulative impact of applying demographic growth and systems resilience growth assumptions as well as the 3.5% decrease resulting from BCF investments.

Baseline			
Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
4,570	4,532	4,261	4,421
Plan			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
4,322	4,588	4,640	4,640
Actual			
Q4 15/16	Q1 15/16	Q2 15/16	Q3 15/16
4,389	4,848	<i>Not Available</i>	<i>Not Available</i>

Source data: SUS, non-elective admissions (EC4)

Looking at Q4 14/15 and Q1 15/16, Islington had 394 more non-elective admissions than planned. Whittington Health non-elective admissions are in line with plan and University College London Hospital is performing better than plan.

Carers Reported Quality of Life

This metric was selected by the Health and Well-being Board as a secondary indicator. This metric is measured annually by the Council through the Carer's Satisfaction Survey. Performance for 15/16 is not yet available.

5. Implications

5.1. Financial implications

The Better Care Fund (BCF) is a pooled budget between the London Borough of Islington and Islington Clinical Commissioning Group. The total value of the pooled budget is £18.388m.

The fund is projected to be fully spent in 2015/16. The table below shows a breakdown of the schemes and allocations of the Islington Better Care Fund.

BCF Scheme	Planned (£'000)	Actual (£'000)	Variance (£'000)
Social care investment to benefit health	£4,822	£4,822	£0
Locality Development	£2,910	£2,910	£0
Improving access to primary care	£1150	£1150	£0
Develop primary care to support localities	£998	£998	£0
Develop preventative services	£645	£645	£0
Incentivising acutes to deliver change	£1,000	£1,000	£0
Reablement	£1,200	£1,200	£0
Carers Funding	£415	£415	£0
Support mitigating pressures in learning disabilities and older people	£1,400	£1,400	£0
Protection of adult social services – moderate needs	£700	£700	£0
Protection of adult social services – demographic pressures	£1,076	£1,076	£0
Community Capacity Grant	£716	£716	£0
Disabled Facilities Grant	£693	£693	£0
Support implementation of Care Act	£663	£663	£0
Total 15/16 BCF	£18,388	£18,388	£0

5.2. Legal Implications

Section 121 of the Care Act makes provision for a fund for the integration of care and support with health services to be known as the “Better Care Fund”. This provision is a mechanism which allows the sharing of NHS funding with local authorities to be made mandatory. Section 121(1) of the Care Act 2014 amends section 223 (B) of the National Health Service act 2006 (funding of the National Health Service Commissioning Board) to allow the Secretary of State (“SOS”)to specify in the mandate to NHS England a sum which the Board must use for objectives relating to integration. The mandate is given to the Board by the SOS under section 13A of the National Health Service Act 2006.

Section 121(2) of the Care Act 2014 inserts a new section 223GA into the National Health Service Act 2006 which allows the Board to direct clinical commissioning groups (CCGs) to use a designated amount of their financial allocation for purposes relating to service integration. It also makes provision for how the designated amount is to be determined. Payment of the designated amount must be subject to a condition that the CCG pays the money into a pooled fund established under arrangements made with a local authority under section 75 of the National Health Service Act 2006. In exercising its powers in relation to the Better Care Fund, the Board must have regard to the need for provision of health services, health-related and social care services.

The BCF provides for 3.8 billion worth of funding to be spent locally on health and care to facilitate closer integration and improve outcomes for patients, service users and carers. A condition of accessing the money in the BCF is that CCGs and local authorities must jointly agree plans setting out how the money will be spent and these plans must meet certain requirements..

5.3. Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. No resident impact assessment has been undertaken with regards to this report.

5.4. Environmental Implications

The Better Care fund work has some minor environmental implications; the extended evening and weekend hours at three medical practices will result in an increase in energy usage, whilst the new primary care rapid response service will result in extra journeys, contributing towards emissions and congestion. However, the digitisation of care records will reduce the need for physical paper copies.

6. Conclusion and reasons for recommendations

The Health and Wellbeing Board is asked to note the joint work across health and care services in Islington to develop integrated care for local people through the Better Care Fund, note the performance against plan assumptions for non-elective admissions and carers reported quality of life, and note financial expenditure against plans.

Background papers: None.

Attachments: None.

Final Report Clearance

Signed by	Paul Sinden Director of Commissioning, Islington CCG	8 September 2015 Date:
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Received by Head of Democratic Services	8 September 2015 Date
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